

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New Jersey

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Process for Investigations of Complaints and Monitoring

The State has in effect the following process for investigating complaints of violations of requirements by nursing facilities and monitors onsite on a regular, as needed basis, a nursing facility's compliance with the requirements of subsection (b), (c), and (d) for the following reasons:

- (i) the facility has been found not to be in compliance with such requirements and is in the process of correcting deficiencies to achieve such compliance;
- (ii) the facility was previously found not to be in compliance with such requirements and has corrected deficiencies to achieve such compliance, and verification of continued compliance is indicated; or
- (iii) the State has reason to question the compliance of the facility with such requirements.

The following pages set forth the procedures established by the New Jersey Department of Health for handling complaints relating to violations of requirements by nursing facilities.

OFFICIAL

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HEALTH FACILITIES EVALUATION & LICENSING
INSPECTION SERVICES - COMPLAINT & SURVEILLANCE PROGRAM

1. All title 18, title 18/19, title 19 complaints require the HCFA-562 form to be initiated by the secretary and then completed by both the investigator and team leader prior to final completion by the secretary to go to Region II.
2. The secretary will put in the control number (C#x), #1, #2, #3, #4, #5, #6A, #6B and #14.
3. The investigator will complete #7A, #7B, #7C, #8, #9, #10, #12 and #13, prior to turning the report into the team leader for completion and approval. The team leader must verify completion and accuracy of the form prior to going to the secretary.
4. If a revisit is to be made, the packet should not be turned into the secretary for final typing until the revisit is done. If no revisit is made, the 2567 must be with the packet and appropriately documented and date.

If a revisit is made, forms 670 and 2567B must accompany the packet.

5. At the point of final checkout, the secretary will forward completed HCFA-562 form to the MIS program for entry into OSCAR/ODIE by MIS to be accessed by HCFA-RO.
6. The secretary must log in the date sent to MIS, log in the date returned from MIS and then log in the date hard copy of HCFA-562 was sent to the Medicaid State Agency (MSA) and monitor return within 2 weeks. If MSA does not return the completed form timely, the program supervisor will call MSA directly.
7. The secretary must log in the date when returned from MSA for completion of part III prior to closing out the complaint package.
8. If deficiency HCFA-RO gets computer printout of 562 and 2567, MSA gets original HCFA 562 and copy. Yellow file copy stays at DOH until others are returned.

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9. MSA gets only title 19 facilities. After MSA completes part III, these go to HCFA-RO also.
10. Forms to be used; HCFA 562 Worksheet, Original HCFA-562 with 3 colored copies when available, 670 form, 2567 and 2567B.
11. HCFA 670 form must accompany all HCFA 562 forms.
12. MIS does direct data entry to the ODIE/OSCAR system which is then accessed by HCFA-RO.
13. Complaint Program secretary mails hard copies to HCFA-RO and MSA every two weeks, approximately the 1st and 15th of each month.

HCFA 562 - Medicare/ Medicaid Complaint Form

This format is effective 1/01/93 for all complaint visits that generate deficiencies even if they are unrelated to the complaint details. Directions for completing the form are on the back of the attached sample. This must be generated as soon as possible since there is a 45-day mandated time frame to complete the process.

1. Notify the Supervising Health Care Facility Evaluator of revisit ASAP after visit to schedule.
2. Staffing must be done ASAP if complaint related. Use FAX to get it.
3. Batching of complaints per facility is acceptable.
4. Completed 2567 & 2567B must be sent with completed form. Letters to complainants must be processed as PRIORITY to process reports in a 45 day time frame.
5. If no revisit or letter is required, package should move quickly.
6. Scheduling will be LTC, HHA, Hospice, Ambulatory Surgical Services, ICF/MR, Renal as priority since these may require a HCFA 562.
7. Bring any problems to attention of the Supervising Health Care Facility Evaluator for procedural alterations.
8. Use HCFA 562 worksheet for secretaries to type from for original.
9. Do not use valid, not valid, partially valid any longer. Accepted terminology now is substantiated, unsubstantiated, unable to verify.

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